

# IMPORTANT UPDATE – January 25, 2008

PHYSICIAN and PHARMACY Providers

**Preferred Drug List changes for the State of Georgia Fee-For- Service MEDICAID  
and PeachCare for Kids programs**

**EFFECTIVE April 1, 2008**

## *Phase I PDL Changes*

As communicated to you in the past, the Georgia Department of Community Health (DCH) is revising its current PDL for maximum clinical and cost effectiveness due to the continued growth in drug expenditures. Listed below are the preferred products in the therapeutic categories impacted by this revision of the preferred drug list. *All current quantity level limitations apply.*

<b>Beta-Adrenergic Agents: Nebs</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Albuterol Sulfate	Accuneb
	Metaproterenol Sulfate	Albuterol Sulfate (generic Accuneb)
		Proventil Solution
		Xopenex*
		*preferred for patients $\leq$ 8 years of age
<b>Long Acting Beta-Adrenergics: Nebs</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	None	Brovana
		Perforomist
<b>COPD Anticholinergics</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Atrovent HFA	Atrovent
	Combivent	Atrovent Spray
	Ipratropium Bromide Spray	Atrovent Solution
	Ipratropium Bromide Solution	Duoneb
	Spiriva	Ipratropium-Albuterol (generic Duoneb)

<b>Dihydropyridine Calcium Channel Blockers</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Afeditab CR	Adalat
	Amlodipine Besylate	Adalat CC
	Dynacirc CR	Cardene
	Isradipine	Cardene SR
	Nicardipine HCL	Dynacirc
	Nifediac CC	Felodipine ER
	Nifedical XL	Norvasc
	Nifedipine	Plendil
	Nifedipine ER	Procardia
	Nifedipine Tablet SA	Procardia XL
		Sular
<b>Triglyceride Lowering Agents</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Gemfibrozil	Antara*
	Tricor	Fenofibrate
		Lipofen
		Lofibra
		Lopid
		Lovaza (formerly Omacor)
		Triglide
		*current users will be grandfathered
<b>Nasal Steroids</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Beconase AQ	Flonase*
	Fluticasone Propionate*	Flunisolide (generic Nasalide)
	Nasacort AQ	Flunisolide (generic Nasarel)
	Nasonex	Nasarel
		Rhinocort Aqua
		Veramyst
	*effective 02/01/08	*effective 02/01/08
<b>Proton Pump Inhibitors</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Nexium Capsule	Aciphex
	Nexium Suspension*	Omeprazole
	Prevacid Capsule	Prevacid Naprapac
	Prevacid Suspension	Prevacid Solutab
		Prilosec RX
		Protonix
		Zegerid Capsule
	*effective 12/14/07	Zegerid Packet
<b>Statins</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Advicor	Altoprev
	Lescol	Mevacor
	Lescol XL	Pravachol
	Lovastatin	
	Pravastatin Sodium	

<b>High Potency Statins</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Crestor*	Lipitor
	Simvastatin	Vytorin
		Zocor
	*for patients not at goal on Simvastatin	
<b>Combination HBM and DHPCCB</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	None	Caduet
<b>Lipotropics: CAI</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	None	Zetia

Please note that the State Health Benefit Plan and the Board of Regents plan no longer utilize the same preferred drug list as Georgia Medicaid, therefore, the above changes do not impact these plans.

We appreciate your continued participation in the Georgia Medicaid program. If you have any questions, please contact SXC Health Solutions Customer Service at 1-866-525-5826.